



COMPLETE YOUR FORMS | MEDICAL INFORMATION

Return all documents to Sedgwick in one of three ways:

upload: mySedgwick® | email: WalmartForms@sedgwick.com | fax: 859-264-4372 or 859-280-3270

Associate name: John Dallinga

Associate WIN: 229298296

Case number: 4A2502CWL190001GI

PART A: MEDICAL FACTS

1. Approximate date condition commenced: 2/5/25

Probable duration of condition: 3.5 months

Mark below as applicable:

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?

No ☒ Yes If so, dates of admission: Date admitted: 2/5/25 Date released: 2/10/25

Date(s) you treated or are scheduled to treat the patient for condition (including telemedicine visits conducted by video conference):

2/13/25, 3/27/25; next appointment scheduled for 5/5/25

Will the patient need to have treatment visits at least twice per year due to the condition? No ☒ Yes

Was medication, other than over-the-counter medication, prescribed? No ☒ Yes

Was the patient referred to any other healthcare provider(s) for evaluation or treatment (e.g., physical therapist)? No ☒ Yes

If so, state the nature of such treatments and expected duration of treatment:

He was started on a blood thinner, referred to Cardiology.

2. Is the medical condition pregnancy? ☒ No Yes If so, expected delivery date: _____

Do you require an accommodation due to a physical or mental condition that is related to, affected by, or arising out of pregnancy, childbirth, or a related medical condition? No ☒ Yes

3. For the following question, use the job information provided by the employer. If the employer fails to provide a list of the associate's essential functions or a job description, answer these questions based upon the associate's own description of his/her job functions.

Is the associate unable to perform any of his/her job functions due to the condition? No ☒ Yes

If so, identify the job functions the associate is unable to perform:

He is unable to stand or walk for prolonged periods as it causes fatigue and shortness of breath.

4. Describe other relevant medical facts, if any, related to the condition for which the associate seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

He had covid, developed blood clots in both lungs leading to heart strain. He underwent a procedure on 2/7/25 to break up blood clots.

NOTE: In California, Connecticut and Wisconsin, do not disclose the underlying diagnosis unless you have received consent from the patient.

MED 2 OF 3



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